

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055862

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: 360 DEGREES LANDSCAPING, INC.

## Current Principal Place of Business:

1033 SW AVENUE J  
BELLE GLADE, FL 33430 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 365  
BELLE GLADE, FL 33430 US

## New Mailing Address:

308 NW 10TH ST.  
105  
BELLE GLADE, FL 33430

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHODEN, FITZROY  
9754 NW 43RD STREET  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RHODEN, FITZROY  
Address: 9754 NW 43RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP,D ( ) Delete  
Name: RHODEN-BUCHANAN, JACQUELINE  
Address: 1437 BLUE CLOVER LANE  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: D ( ) Delete  
Name: RHODEN, MILTON  
Address: 1033 SW AVENUE J  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D ( ) Delete  
Name: RHODEN, JAMES  
Address: 1033 SW AVENUE J  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: S,T ( ) Delete  
Name: BUCHANAN, DANIELLE  
Address: 1437 BLUE CLOVER LANE  
City-St-Zip: WEST PALM BEACH, FL 33415 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FITZROY RHODEN

PRE

01/15/2009

Electronic Signature of Signing Officer or Director

Date